



Health
Budgets &
Financial
Policy



2010 UBO/UBU Conference

Briefing: **Painting The Auditing Picture**

Date: **23 March 2010**

Time: **1400-1450**

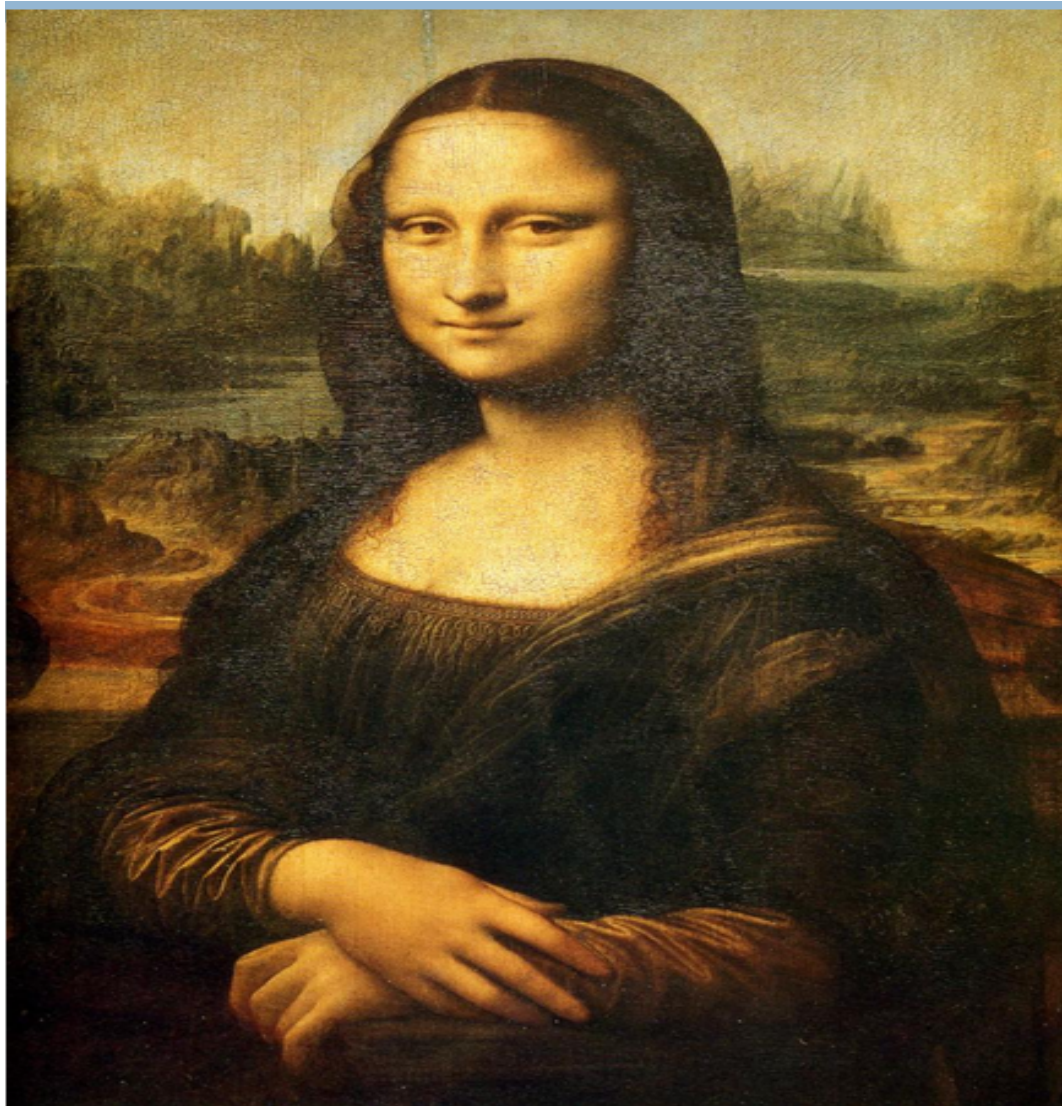


- Painting the auditing picture
- Understand why we audit
- RVU Generation Old vs. New
- More at Stake Than Money





Paint The Auditing Picture





Paint The Coding Picture (cont)

- The medical record is the canvas upon which our masterpiece is painted
 - AHLTA
 - ESSENTRIS
 - Paper
- Just as with any type of art work there are rules associated with the utilization of coding classification systems
 - ICD-9-CM
 - CPT-4
 - MHS Coding Guidelines





Paint The Coding Picture (cont)

- The provider's documentation reflects the artist brushstrokes
- The details of the care provided to the patient are reflected in the artist's utilization of shade and color

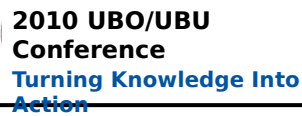




Paint The Coding Picture (cont)

- Auditing of the coded medical record can be considered the critic upon which the providers work is interpreted and analyzed
- Coding tells your organizations story to the Military Healthcare System, MEDCOM, BUMED, AFMOA, third party insurance carriers, and others about the patient's encounter and treatment at your Military Treatment Facility
- So as the art critic what are you looking for and why?





The Value Process





Understand Why We Audit (cont)

- What is the impact of a poor piece of artwork?
 - How do you know if you are utilizing your labor pool effectively
 - Scale MTFs to meet the health care needs of local mission, population, and environmental factors
 - How can you perform data driven analyses and decisions?,
 - Can you move resources to effectively care for your population
 - Not documented, never happened
 - Not coded, never happened, RVUs not generated
 - SADR not transmitted to the corporate databases
 - NEVER HAPPENED
 - RVUs NOT GENERATED





Understand Why We Audit (cont)

- Accurate and timely capture of medical data impacts
 - Budgets
 - Resourcing
 - Decision making
- Compliance
 - Under coding?
 - Over coding?
 - Modifiers?
 - Units of Service?
 - 95 vs. 97 E&M Guidelines
 - Is your work making it to the corporate databases?
 - How do you know?





Understand Why We Audit (cont)

- Auditing should require us to ask questions and to look at more than the coded record?





Old Way vs. New Way RVU Generation

- To audit effectively you must understand how you are reimbursed
- Old Method
 - Uses work RVU for all payments
 - Work RVU only represents the providers portion
 - Payments based upon product line
 - Defined by MEPRS
 - Significant variation in rates (\$38/RVU to \$330/RVU)





Old Way vs. New Way RVU Generation (cont)

- New Method Total RVU Method
 - Uses both Work and Practice RVUs for payments
 - Staff, Office, and Equipment
 - Provides appropriate credit for equipment and intensive procedures
 - Allows for a standard RVU rate
 - Can be utilized with Ambulatory Payment Classifications (APCs)
 - Facility charges could be generated for ED and APVs



*Information for slide 8 and 9 from MHS Conference slides



Why Audit Our Medical Records Coding? (cont)

- Unique military coding questions
 - Extenders
 - Deployment
 - TBI
 - Case management????
 - What is stated in the MHS Guidelines?
- Disjointed medical record
 - AHLTA
 - ESSENTRIS
 - Paper
 - Other systems
 - Are you coding or auditing from a complete medical record?





Why Audit Our Medical Records Coding? (cont)

- Coding is a reflection of the provider's documentation
- Not documented, never happened
- Who is responsible for ensuring that encounters are
 - Documented
 - Closed
 - Coded
 - Transmitted
 - Audited





Do You Have Internal Metrics?

- Are monitoring your high volume/high risk clinics?
 - Surgical
 - Clinic Procedures
 - Global Periods
 - Bell curve for E&M levels (OIG)
- Variation does not necessarily mean that there is a compliance issue
 - Be able to explain your variation
 - Why are we not utilizing the F codes in OB?
 - Why is 60% of a providers workload in telephone consults?
 - Why is the question but what is the answer?





Do You Have Internal Metrics? (cont)

- Houston we might have a problem!!
 - Drill down to identify the root cause of the problem
 - Documentation
 - Lack of coding guidance
 - System issue
 - Provider issue
 - Template Management
 - Who updates the provider's AHLTA templates at your MTF?
 - ICD-9-CM
 - CPT-4



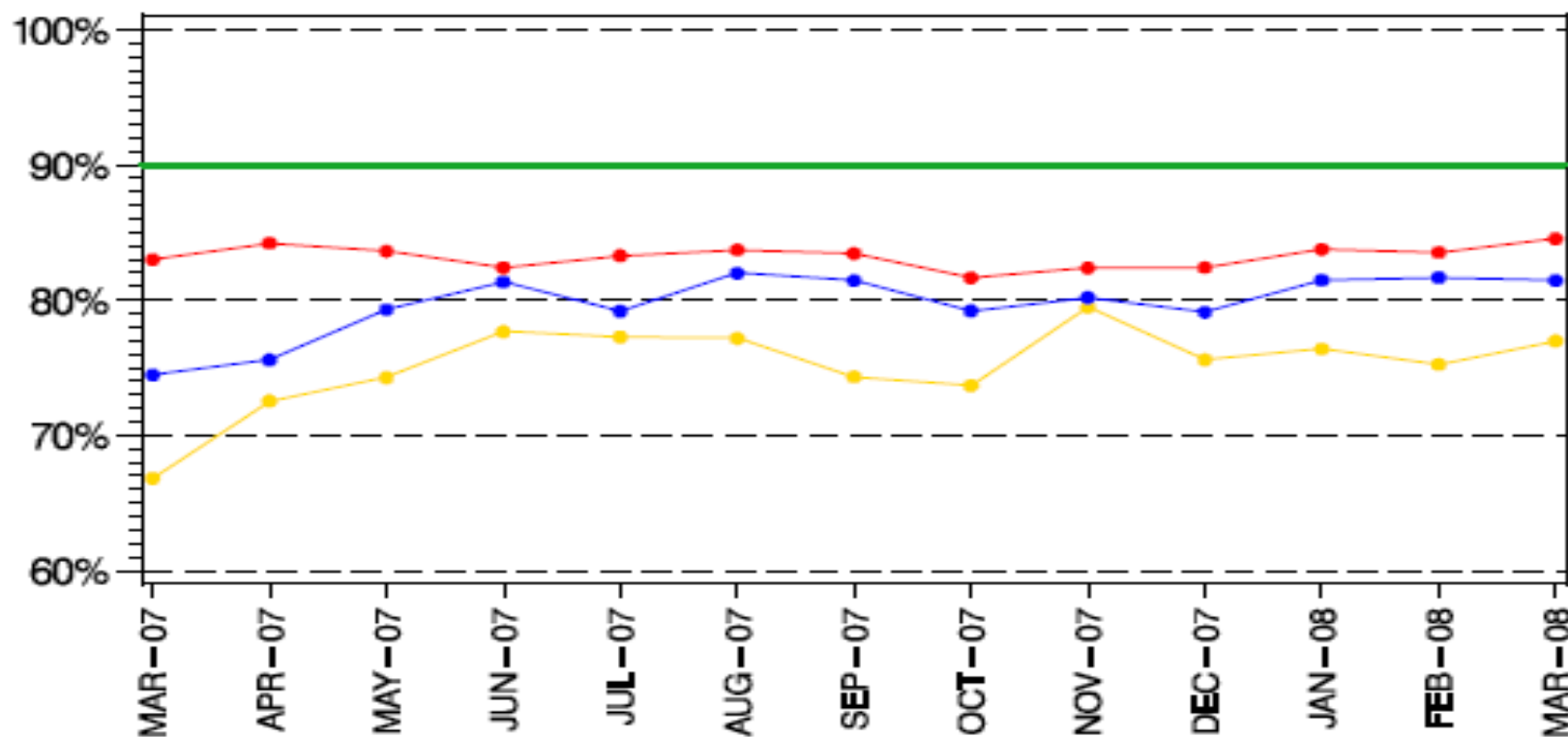


Do You Have Internal Metrics? (cont)

MEDCOM Trending Chart

Goal = 90%

ICD CPT E&M



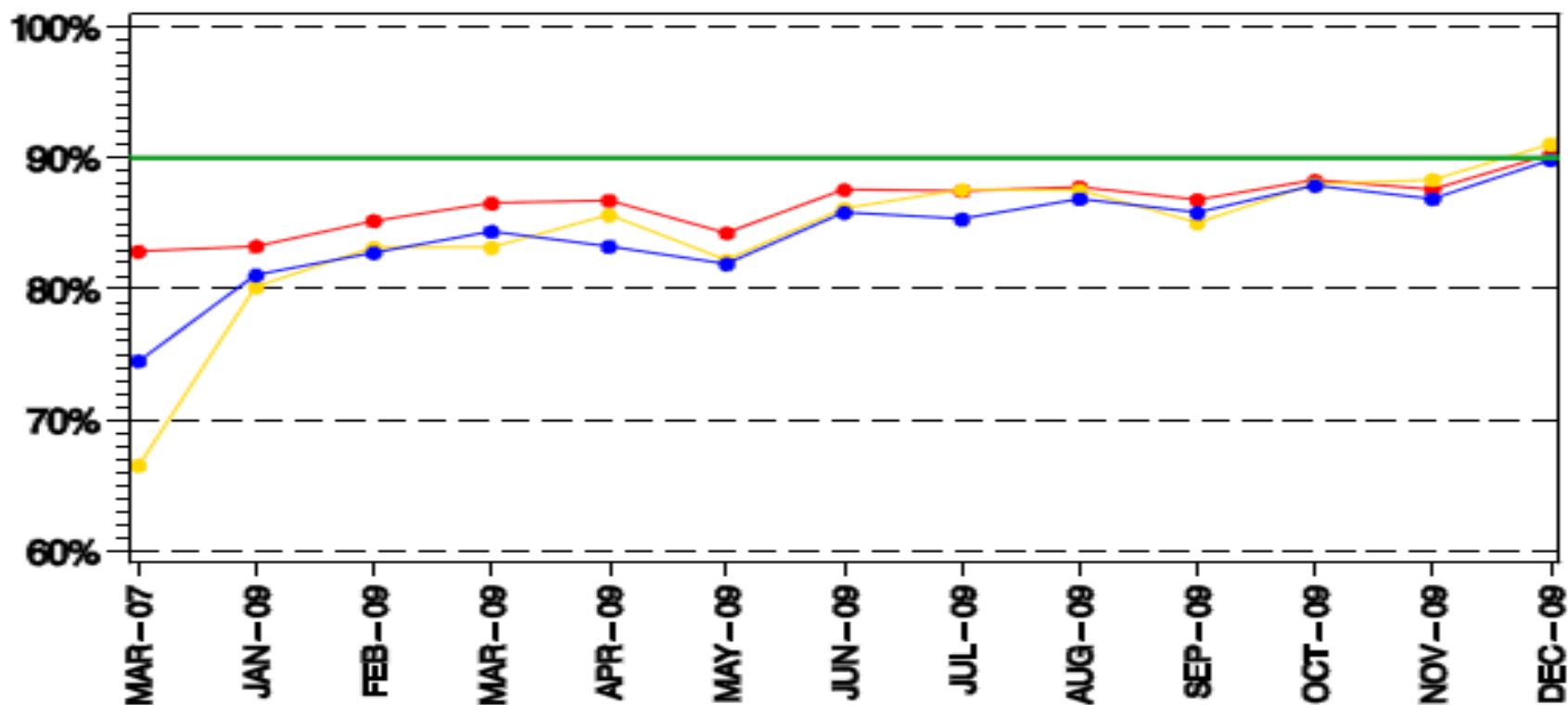


Do You Have Internal Metrics? (cont)

MEDCOM Trending Chart

Goal = 90%

ICD CPT E&M





More at Risk Than Just Money!

- Impact
 - The War Fighter!!
 - VA benefits (80,000 – 90,000 reworked claims annually due to a lack of documentation)
 - Quality of life post service



